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ABSTRACT

Health service standards are presented for agencies serving blind and visually handicapped students. Standards are presented in self study format for 12 aspects of health service programs: planning and organization; personnel; medical evaluation services; emergency care; routine medical services; vision services; hearing services; dental services; health counseling; prevention and control of communicable diseases; facilities, equipment, and supplies; and program evaluation. (CL)

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Section D-27

SELF-STUDY AND EVALUATION GUIDE | 1979 Edition

Health Services

NATIONAL ACCREDITATION COUNCIL
For Agencies Serving the Blind and Visually Handicapped
79 Madison Avenue
New York, N.Y. 10016

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Huesten Collingwood

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

EC 113443

INSTRUCTIONS

PRELIMINARY STEPS. Two steps should precede the use of this section in a self-study.

1. All persons involved in the self-study should become familiar with *Section A, Manual of Procedures* for an understanding of the background and purposes of accreditation and the procedures to be followed in conducting a self-study using the various self-study and evaluation guides published by the National Accreditation Council.

2. Members of the self-study committee assigned to complete this guide should review the organization's statement of philosophy of service as a basic reference for the self-study.

RATING. In the parentheses ( ) preceding each standard, enter the letter representing the final evaluation reached in the self-study. Often, improvements are implemented during the self-study. In such instances, the ratings selected should represent conditions at the end of the self-study.

E – Excellent. The standard is met fully or exceeded.

S – Satisfactory. The standard is met substantially.

A – Adequate. The standard is met fairly well but some improvements could be made.

P – Poor. The standard is met only partially and improvements should be made.

M – Minimal. The standard is met to a small extent or not at all and substantial improvements should be made.

NA – Not Applicable. The standard does not apply for reasons stated under *Comments.*

COMMENTS. Throughout the section, space is provided after groups of standards for written comments. An explanation of the rating or any important feature or characteristic of the program can be noted here. Also, the reason why a particular standard or group of standards is not felt to apply to the organization can be outlined.

PROGRAMMING FOR IMPROVEMENT. This concluding part of the guide contains seven questions which provide an opportunity to list the outstanding features of the program and how it benefits the persons served. The questions also call for a listing of past improvements and those which are yet to be accomplished. Plans for improvement initiated as a result of the self-study should be included.

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SELF-STUDY AND EVALUATION GUIDES

This self-study and evaluation guide is designed to be used in combination with other guides, listed below, available from the National Accreditation Council. An organization undertaking a self-study in applying for accreditation needs to use the following. *A*, either *B-1* or *B-2*, all *C* sections, those *D* sections for the services provided, an *E* form for certain staff members and *F*.

Section	Title and Edition
A	*Manual of Procedures (1979)*
B-1	*Agency Profile (1979)*
B-2	*School Profile (1979)*
C-1	*Function and Structure (1977)*
C-2	*Accounting for Services and Finances (1976)*
C-3	*Personnel Administration and Volunteer Service (1968)*
C-4	*Physical Facilities (1975)*
C-5	*Public Relations and Fund Raising (1968)*
D-2A	*Orientation and Mobility Services (1977)*
D-2B	*Orientation and Mobility Services (Dog Guide Programs) (1968)*
D-3	*Rehabilitation Centers (1968)*
D-4	*Workshop Services (1976)*
D-5	*Social Services (1968)*
D-6	*Vocational Services (1976)*
D-7	*Production of Reading Materials (1970)*
D-8	*Rehabilitation Teaching Services (1977)*
D-15	*Preschool Services (from Birth to Six) (1979)*
D-16	*Other Service Program (1979)*
D-20	*Curriculum Planning and Evaluation (1979)*
D-21	*Program for Multihandicapped Students (1979)*
D-22	*Program for K-12 Students (1979)*
D-23	*Program for Independent Living (1979)*
D-24	*Educational Resources Program (1979)*
D-25	*Leisure Education (1979)*
D-26	*Residential Living Program (1979)*
D-27	*Health Services (1979)*
D-28	*Educational Diagnostic and Counseling Services (1979)*
E	*Individual Staff Member Information Form (1977)*
F	*Evaluation Summary and Report (1979)*

Sections *D-2A* through *D-8* are applicable primarily to "agencies" and *D-20* through *D-28* primarily to "schools." *D-15* is used for preschool services in any setting. Similarly, *D-16* is used by all organizations for services for which NAC does not have specific standards such as radio reading service or special summer program.

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CONTENTS

Instructions. . . . . inside front cover

Self-Study and Evaluation Guides. iii

Standards Personnel. iv

Acknowledgments vi

Introduction vii

The Standards

1. Planning and Organization 1
2. Personnel. 4
3. Medical Evaluation Services. 5
4. Emergency Care 7
5. Routine Medical Services. 8
6. Vision Services. 10
7. Hearing Services 12
8. Dental Services. 13
9. Health Counseling 14
10. Prevention and Control of Communicable Diseases 15
11. Facilities, Equipment and Supplies 16
12. Program Evaluation. 17

Programming for Improvement 20

Selected Readings. 24

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This self-study and evaluation guide was developed as part of a two year project to revise and update the *Self-Study and Evaluation Guide for Residential Schools* published in 1968 by the National Accreditation Council (NAC). The Commission on Standards, under whose purview NAC conducts standards projects, was fortunate in being able to benefit from the volunteer services of Dr. Geraldine T. Scholl, a member of the Commission and the principal consultant for the 1968 *Guide* who chaired this project and its Coordinating Committee.

A subcommittee headed by Dr. Richard G. Umsted undertook the task of updating and expanding four sections of the 1968 *Guide* for school programs traditionally considered "non-curricular." Assisting Dr. Umsted were Henry Aldridge, Edward Anderson, Ruth Carpenter, Gary Coker, Gelene Kozlowski and Paul Lewis. Mr. Anderson prepared the initial draft of this section which replaces the 1968 *Section H, Health and Safety Services*. The first draft was approved by the subcommittee in April 1977 and in June of that year the Coordinating Committee approved a refined draft for national review.

Six schools for the blind field tested the national review draft in the Fall of 1977 by using it in realistic self-studies conducted according to NAC's regular procedures. Much appreciation is extended to the following schools which completed the field tests: Department for the Blind, Florida School for the Deaf and the Blind; Mississippi School for the Blind; New York Institute for the Education of the Blind; St. Joseph's School for the Blind, Jersey City, New Jersey; Department for the Blind, Virginia School at Hampton and the Wisconsin School for the Blind. Also, two other schools used this draft in self-studies conducted in the school year 1977-78.

From these schools and from reviews by other individuals and groups, came many comments and suggestions for improving the draft. It is not possible to name all the individuals who provided such input but they represented all categories of school staff, parents and other knowledgeable persons. All of their ideas on this section were considered by the subcommittee when it prepared a revised draft in the Spring of 1978.

This revised draft was carefully reviewed in June 1978 by the Coordinating Committee which recommended that it be approved by the Commission on Standards. This was accomplished at the November 1978 meeting of the Commission. Later that month, the Board of Directors gave final approval to the draft and authorized its publication for use in NAC's accreditation program.

Sincere appreciation is extended to the following foundations whose financial support made the project possible:

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Assistance to the Coordinating Committee and project subcommittee was provided by NAC staff. In particular, Dr. Richard W. Bleecker served as project director. The project administrator and general editor was Huesten Collingwood.

HEALTH SERVICES

INTRODUCTION

The health and general physical well-being of students are closely related to the intellectual, emotional and social growth which are the goals of all educational programs. Schools for the blind have special concerns and responsibilities about student health. Most students reside the better part of the year at the school and away from home and the family's regular medical care. The increasing number of students with multiple handicaps or health conditions which need on-going monitoring and management requires increased attention to health services.

The school has a valid need to see that all students receive appropriate health services. Some services are provided directly by the school and others are made available by special arrangements with health facilities near the school or in the students' home communities. State legislation or regulations, convenience of resources, varying patterns of funding, frequency of student visits at home and the diversity of the student population are some of the factors which affect the particular pattern of health services utilized by each school.

Either directly through its own resources or through appropriate use of other health services, each school should be assured that the following health services are available to the students: medical evaluations, emergency care, routine medical services, vision services, hearing services, dental services, health counselings and prevention, and control of communicable diseases. Adequate facilities, equipment and supplies are needed at the school or in the community.

Health services personnel have important contributions to make to the educational diagnostic process leading to the formulation, evaluation and revision of individualized education programs for all students, especially those who are multihandicapped. School health personnel assist in planning and providing physical fitness programs suited to the age, developmental level and physical capacity of each student. Health services staff is concerned with the school providing a safe and healthful environment through programs that protect and enhance student health. The health services are vitally concerned with those parts of the curriculum which are designed to assist students to develop healthful habits and attitudes.

The program of school health services involves a wide variety of personnel: physicians, dentists, nurses, psychiatrists, psychologists, optometrists, ophthalmologists, teachers, houseparents, aides or paraprofessionals, school administrators, parents or guardians, as well as the students themselves. The school's health services should relate to and utilize the general and specialized health care agencies in the community. The complexities of multihandicapping conditions of many students require the school to maintain close working relationships with specialists in the school and home community.

This self-study and evaluation guide is used by residential schools in the self-study for accreditation purposes along with sections listed on page iii.

HEALTH SERVICES

THE STANDARDS

1. PLANNING AND ORGANIZATION

( ) 1.1 PHILOSOPHY. The school's health services are consistent with the school's statement of philosophy of service as approved by the governing authority.

Comments:

( ) 1.2 PURPOSE. The purpose of the health services is to see that the health needs of all students are met, either directly by the school or through appropriate arrangements with other health services and facilities.

( ) 1.2.1 Emergency Care. Provisions are made for emergency care of sick or injured students.

( ) 1.2.2 Student Assessment. Provisions are made for periodic appraisal and follow-up of health status including identification of the extent of visual impairment and delineation of additional physical or mental disabilities.

( ) 1.2.3 Monitoring On-going Health Care. Provisions are made for monitoring and managing on-going health services provided to individual students including the dispensing of medications.

( ) 1.2.4 Maintenance of a Safe and Healthy Environment. The health services personnel help ensure that all school programs are carried out to protect and enhance general student health and give specific and appropriate attention to practices which promote eye safety and protection.

( ) 1.2.5 Relationship to Curriculum. Health services personnel participate in the educational diagnostic process leading to the development, evaluation and revision of each student's individualized education program, assist in planning and providing a program of physical fitness and help in the design and implementation of instructional activities intended to increase students' understanding of health matters and to inculcate desirable health practices.

( ) 1.2.6 Statement of Purpose. The purpose of the school's health services is clearly set forth in writing.

Comments:

( ) 1.3 PLANNING. A variety of methods is used for systematic planning of health services.

( ) 1.3.1 Long Range Planning. A written long range plan establishes major program goals and projects the human, physical and financial resources needed to achieve them.

( ) 1.3.1.1 The major long range goals of health services are coordinated with the school's overall long range plans.

( ) 1.3.1.2 The plan extends for a specified time beyond the present school year and is updated at stated intervals.

Comments:

( ) 1.3.2 Annual Planning. A specific written program and financial plan for health services is prepared for each fiscal year.

( ) 1.3.2.1 The annual plan includes a statement of measurable objectives to accomplish the stated goals.

( ) 1.3.2.2 The administrator of health services and other appropriate personnel assist in preparation of the annual plan.

Comments:

( ) 1.3.3 Individualized Education Program. The individualized education program for each student takes into account specific health needs whenever appropriate.

( ) 1.3.3.1 Information emanating from the school's health services pertaining to initial assessment of abilities, instructional goals and periodic assessment of progress and achievements is incorporated into each student's central personnel record.

Comments:

( ) 1.3.4 Short Range Planning. Personnel of the health services maintain open channels of communication through conferences and exchange of written communications to facilitate day-to-day planning, problem solving and coordination with other school programs.

Comments:

( ) 1.3.5 Coordination with Others. Sustained efforts are made to coordinate the school's own planning for health care with services available in the school and home communities.

( ) 1.3.5.1 The school provides information and relevant assistance to community organizations which offer services to the students in order to facilitate mutually satisfactory and appropriate experiences.

Comments:

( ) 1.3.6 Participation in Planning. Planning for health services is broadly-based with provision for appropriate participation by members of the governing or advisory body, school administrators, the medical consultant, administrator of health services, other health care personnel, teachers, houseparents, aides or paraprofessionals and other staff, volunteers, students, parents or guardians and other consumers, specialized consultants and personnel of local community health care services.

Comments:

( ) 1.4 STUDENTS SERVED. Health services are made available to all students.

Comments:

( ) 1.5 ORGANIZATION. The school's health services are clearly and purposefully organized.

( ) 1.5.1 Structure. The school's organizational chart locates this program within the school's administrative structure.

( ) 1.5.2 Coordination. A full-time staff member is designated to administer and coordinate the school's health services.

( ) 1.5.3 Assignment of Responsibilities. Job descriptions of all employees and consultants involved in the provision of health services spell out their responsibilities for the program.

( ) 1.5.4 Communications. Staff members are present to explain to the student the nature of specific health services and procedures both on and off campus.

( ) 1.5.4.1 Staff members are made available to interpret in the language of communication system (e.g. second language, signing, manual alphabet) commonly used by the student.

Comments:

2. HEALTH SERVICES PERSONNEL

( ) 2.1 QUALIFICATIONS. Health services are provided by employees and consultants who are well qualified in their respective professions and disciplines.

( ) 2.1.1 Medical Consultant. The school employs a medical consultant who is a licensed physician to provide specified direct services, to advise on all medical aspects of health services and to make recommendations pertaining to medical services provided to students, including the impact of medication and diet.

( ) 2.1.1.1 The services of a licensed physician are available, on call, 24 hours a day.

( ) 2.1.1.2 Other medical or related health care professionals employed as consultants are licensed in their specialty.

Comments:

( ) 2.1.2 Administrator of Health Services. The administrator of health services possesses a professional degree in registered nursing or in a related health services discipline and has a valid state license or certificate whenever applicable.

( ) 2.1.2.1 The administrator demonstrates skills in health services administration and coordination of the efforts of the various personnel responsible for delivery of health services.

( ) 2.1.2.2 The administrator evidences understanding of the effects of blindness or other visual impairment and multi-handicapping conditions upon the students.

Comments:

( ) 2.1.3 Nursing Staff. Registered nurses and licensed practical nurses make up the nursing staff.

( ) 2.1.3.1 Nurses aides, qualified by appropriate education and experience, are employed as needed to assist in providing services under the direct supervision of the nursing staff.

Comments:

( ) 2.1.4 Clerical Staff. Adequate clerical staff is provided to carry out routine office procedures.

Comments:

( ) 2.2 INSERVICE TRAINING. Provision is made in the school's staff development plan for an on-going program of inservice training in health related topics for all personnel.

( ) 2.2.1 Coordination. The health services administrator is involved in the planning and the provision of such inservice training.

( ) 2.2.2 First Aid. Appropriate first aid procedures are taught to all staff.

( ) 2.2.3 Medical Implications of Handicapping Conditions. Appropriate information concerning the medical implications of handicapping conditions is provided.

( ) 2.2.4 Other. Other information and timely topics related to human health are included as appropriate for each category of participating personnel.

Comments:

3. MEDICAL EVALUATION SERVICES

( ) 3.1 PURPOSE. A program of medical evaluations of students is provided in a systematic, organized manner to provide a sound base of medical information to assist in planning the individualized education program of each student, to aid in detecting unsuspected conditions and to provide for periodic appraisals and follow-up of each student's health status.

Comments:

( ) 3.2 SCOPE. All medical evaluations are conducted according to clearly defined written policies and procedures as part of an integrated, coordinated program of health services.

Comments:

( ) 3.2.1 Range of Evaluations. Medical evaluations are comprehensive and include annual assessments of vision, hearing and general physical condition.

( ) 3.2.1.1 The student's complete medical history is obtained and reviewed prior to entry to the school.

( ) 3.2.1.2 Specialized evaluations are made when needed.

( ) 3.2.1.3 Additional medical evaluations are provided during the school year in the case of a developing medical problem.

( ) 3.2.1.4 General medical and vision examinations are conducted prior to authorization to participate in athletics.

Comments:

( ) 3.2.2 Parental Role. The consent of parents or guardians is obtained before medical evaluations are undetaken.

( ) 3.2.2.1 Appropriate health consultation is provided to parents or guardians on an on-going basis.

Comments:

( ) 3.2.3 Use of Health Information by Othe Staff. Health services personnel share and interpret pertinent health information, including any specific physical limitations, concerning individual students with other staff who have a need to know for purposes of planning and implementing services to students.

( ) 3.2.3.1 Health information is utilized in developing, evaluating, and revising the individualized education program of each student.

( ) 3.2.4 Cumulative Health Record. A cumulative health record is kept for each student and contains pertinent, up-to-date information about the student's medical history, medical evaluations, records of on-going medical observation, treatment and medication.

Comments:

4. EMERGENCY CARE

( ) 4.1 PURPOSE. Emergency medical services, including first aid, are made available for students who become acutely ill or injured while at school, participating in school-related functions or otherwise in the school's care.

Comments:

( ) 4.2 SCOPE. Written policies and procedures delineate the school's emergency care services as part of an integrated, coordinated program of health services.

( ) 4.2.1 Dissemination. The policies and procedures for emergency care are prepared by the health services and distributed to all school personnel, parents or guardians and students.

( ) 4.2.2 Parental Consent. Parents or guardians are encouraged to give specific written consent authorizing the school to provide emergency care and treatment.

( ) 4.2.3 Notification. Written policies and procedures call for prompt notification of parents or guardians in case of serious student injury or illness.

( ) 4.2.3.1 Procedures are provided for maintaining up-to-date information on persons to be notified in case of a student emergency and this information is readily available to designated staff.

( ) 4.2.4 Access to Local Emergency Care Facilities. The school maintains specific agreements with a nearby medical facility for emergency care beyond the scope of the services provided directly by the school.

( ) 4.2.5 Student Accident Insurance. Information about accident insurance is made available to all students and their families.

Comments:

( ) 4.3 STUDENT FIRST AID TRAINING. Students are taught appropriate first aid and emergency eye care procedures.

Comments:

( ) 4.4 ACCIDENT REPORTS. Reports of accidents are filed with the school health services and chief administrator and are analyzed for instructional purposes and for prevention of similar accidents whenever possible.

Comments:

( ) 4.5 COORDINATION WITH COMMUNITY EMERGENCY SERVICES. The policies and procedures for the school's emergency care services are prepared and periodically reviewed with the assistance of the local medical society, hospitals and civil defense or disaster preparedness agencies.

Comments:

5. ROUTINE MEDICAL SERVICES

( ) 5.1 PURPOSE. Provisions are made to ensure that all students receive adequate medical treatment and care for the usual children's diseases, routine illnesses and specific health conditions.

Comments:

( ) 5.2 SCOPE. Written policies and procedures specify those routine medical services which are provided directly by the school, those services which are provided by community based resources such as hospitals, clinics and specialists, and those services which are the responsibility of the parent or guardian to secure in the home community.

Comments:

( ) 5.2.1. Role of Medical Consultant. All aspects of routine medical services are monitored by the school's medical consultant and the specific services included are clearly identified.

Comments:

( ) 5.2.2 Use of Community Resources. Maximum use is made of medical facilities and services in the community.

( ) 5.2.3 Medications. The school follows clear, written policies and procedures concerning the dispensing and security of all medications and drugs for students.

( ) 5.2.3.1 School staff members authorized to dispense medications are identified in writing.

( ) 5.2.3.2 Records are kept on medications taken by each student.

( ) 5.2.3.3 Written policies cover the use of non-prescription drugs or remedies by students in the care of the school.

( ) 5.2.3.3.1 Students and parents or guardians are informed of the school's policies concerning the use of non-prescription drugs or remedies.

( ) 5.2.3.4 Written policies concerning use of contraceptive drugs or devices are made available.

( ) 5.2.3.5 Consideration is given to fostering self-reliance in the administration of regular medications by those students who evidence the skills and maturity to manage their own medication programs.

Comments:

( ) 5.2.4 Special Diets. Special diets are provided when prescribed by the physician.

( ) 5.2.4.1 Health services personnel monitor the provision of special diets to ensure adherance to prescriptions.

( ) 5.2.4.2 Students are counseled on the reasons for their special diets and on the need to adhere to them.

Comments:

( ) 5.3 INPATIENT CARE. Written policies and procedures spell out the conditions under which the school takes responsibility for providing inpatient care of students either in its own infirmary or in a nearby hospital.

( ) 5.3.1 School Infirmary. If the school operates an infirmary, it complies with applicable state laws and regulations for such a facility.

Comments:

( ) 5.3.2 Use of Nearby Hospital. If the school utilizes a nearby hospital, such hospital is accredited by the Joint Commission of Accreditation of Hospitals.

( ) 5.3.3 Maintaining Familiar Relationships. Provisions are made for younger students and those with severely limited communications skills (e.g., deaf-blind students) who are admitted to a nearby hospital to be attended as needed by school personnel in the absence of family members.

Comments:

( ) 5.3.4 Notification. Parents or guardians are notified appropriately of a student's admission to the school infirmary or a hospital.

Comments:

( ) 5.3.5 Transfer Back Home. Policies spell out the circumstances under which a student is transferred back to the home community for hospitalization or extended home care.

Comments:

6. VISION SERVICES

( ) 6.1 PURPOSE. Vision services are provided to all students on a systematic, organized basis for the purpose of identifying problems related to vision and to provide or recommend corrective measures to retain, restore or maximize residual vision.

Comments:

( ) 6.2 SCOPE. Vision services encompass assessment, follow-up and low vision utilization, and are spelled out in writing.

( ) 6.2.1 Assessment. Ophthalmological or optometric examination is a regular part of the medical and educational diagnostic process used in determining admission to the school.

Comments:

( ) 6.2.1.1 Assessment records include reports of a comprehensive range of clinical procedures (check those procedures regularly included and reported):

_____ Retinoscopic examination, other tests and treatments of any eye disease

_____ Measurement of refractive errors and corrective lenses or low vision aids which have been prescribed or recommended

_____ Testing of binocular vision and preventive or remedial services which have been prescribed

_____ Measurement of intraocular pressure and any treatments which have been prescribed

_____ Other (specify)

Comments:

( ) 6.2.1.2 Information from vision assessments is used in the development, evaluation and revision of the individualized education program of each student.

( ) 6.2.2 Vision Reassessment. An annual vision reassessment is made of each student unless clearly not needed.

Comments:

( ) 6.2.3 Follow-up Services. Provisions are made for periodic follow-up examinations and/or treatment, whenever indicated.

( ) 6.2.3.1 Health services personnel provide eye care in accordance with the recommendations of the eye care specialist.

( ) 6.2.3.2 Health services personnel provide counseling to students and their parents or guardians, teachers, houseparents and other appropriate school personnel concerning the etiology and prognosis of visual disorders and care of the eyes.

Comments:

( ) 6.2.4 Low Vision. All students with some vision are provided low vision evaluations and periodic follow-up assessments as indicated.

( ) 6.2.4.1 Individualized low vision programs are developed in cooperation with the low vision specialist.

( ) 6.2.4.2 Arrangements are made to provide prescribed low vision aids and appliances and instruction in their use and care.

( ) 6.2.4.3 Health services staff work with parents or guardians and school staff toward providing and reinforcing learning through maximum use of low vision.

Comments:

7. HEARING SERVICES

( ) 7.1 PURPOSE. Hearing services are provided to all students on a systematic, organized basis for the purpose of identifying problems related to hearing and to provide or recommend corrective measures.

Comments:

( ) 7.2 SCOPE. Hearing services encompass assessment, follow-up and hearing amplification as set forth in writing.

( ) 7.2.1 Assessment. Audiological examination is a regular part of the educational diagnostic process used in determining admission to the school.

( ) 7.2.1.1 Information from audiological assessments is used in the development, evaluation and revision of the individualized education program of each student with a hearing loss.

( ) 7.2.2 Hearing Reassessment. An annual audiological or audiometric reassessment is made of each student unless clearly not needed.

Comments:

( ) 7.2.3 Follow-up Services. Provisions are made for periodic follow-up examinations and/or treatment whenever indicated.

( ) 7.2.3.1 The health services provide counseling to students and their parents or guardians, teachers, houseparents and other appropriate school personnel concerning the etiology and prognosis of auditory disorders and care of the ears.

( ) 7.2.4 Amplification. All students with hearing impairments who can benefit from hearing aids are provided with such instruments and instruction in their use and care.

( ) 7.2.4.1 Health services staff works with school staff and parents or guardians toward providing and reinforcing learning through maximum use of amplified hearing.

Comments:

8. DENTAL SERVICES

( ) 8.1 PURPOSE. Provisions are made to identify dental problems of students, to recommend or provide preventive and corrective services, to assure access to services for student dental emergencies and to facilitate student learning of sound dental hygiene.

Comments:

( ) 8.2 SCOPE. Written policies and procedures specify those dental services which are provided directly by the school, those which are provided through community dental resources and practitioners, and those services which are the responsibility of the parent or guardian to secure in the home community.

( ) 8.2.1 Annual Examinations. The school provides for annual dental examinations of students or encourages parents or guardians to see that this is done in the home community.

Comments:

( ) 8.2.2 Routine Dental Services. The policies and procedures clearly spell out whether routine dental services, such as annual cleaning and minor dental work, are provided by school health services personnel, by arrangements with nearby clinics or dentists, or by parental arrangements in the home community made by parents or guardians.

Comments:

( ) 8.2.3 Extensive Dental Work. For students who need extensive dental work, parents or guardians are encouraged to make arrangements for such services to be provided.

Comments:

( ) 8.2.4 Emergency Care. Arrangements are made with community dental services or practitioners for prompt treatment of dental emergencies which occur while the student is in the care of the school.

Comments:

( ) 8.2.5 Dental Hygiene. Health services staff works with teachers and houseparents in implementing an on-going program of student dental hygiene.

Comments:

9. HEALTH COUNSELING

( ) 9.1 PURPOSE. Health counseling services are available on a systematic, organized basis for the purpose of individualized communication and interpretation of health information including genetics and sex education which bears on the development, implementation, evaluation and revision of individualized education programs.

Comments:

( ) 9.2 SCOPE. Health counseling is made available to students, parents or guardians, teachers, houseparents and other school personnel who have a need to know and use such information for the benefit of the individual student.

( ) 9.2.1 Counseling to Students and Their Families. Individualized health counseling by health services and other appropriate personnel is provided to students and parents or guardians.

( ) 9.2.1.1 Health counseling is provided in relation to the nature of specific illnesses or conditions which need further examinations or treatment.

( ) 9.2.1.2 In conjunction with the school social worker, health services personnel assist parents or guardians to explore the availability of resources for such examinations or treatment which are outside of the scope of health services provided directly by the school.

( ) 9.2.1.3 Genetic information is provided, as appropriate, to students and parents or guardians concerning hereditary causes of their physical handicaps and the probabilities of transmission to future generations.

( ) 9.2.1.4 Health services personnel provide medically-based information to students as part of the school's sex education program.

Comments:

( ) 9.2.2 Information Resource to Other Staff. Health services personnel are available to teachers, houseparents and other staff who have questions about implications for learning of various medical or health conditions.

Comments:

10. PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

( ) 10.1 PURPOSE. The school's health services include a systematic, organized program for the prevention and control of communicable diseases.

Comments:

( ) 10.2 SCOPE. Prevention and control of communicable diseases are based on written policies and procedures designed to minimize infection by students and school personnel.

( ) 10.2.1 Vaccinations. The school follows written policies concerning vaccinations and innoculations.

( ) 10.2.2 Transfer Back Home. Students who have infectious diseases are returned home for treatment and convalescence.

( ) 10.2.3 Staff Vigilance. School personnel are instructed to be alert for signs and symptoms of communicable diseases, and to make referrals of students to the health services.

( ) 10.2.4 Parental Role. Parents or guardians are informed and encouraged whenever necessary to assist in prevention and early detection of communicable diseases.

Comments:

( ) 10.3 COMPLIANCE WITH REGULATIONS. The school's health policies and practices comply with applicable local and state health codes and regulations.

Comments:

11. FACILITIES, EQUIPMENT AND SUPPLIES

( ) 11.1 PHYSICAL FACILITIES. The school maintains physical facilities for the health services which are suitable for the services provided therein and which meet standards for health, safety and accessibility as specified in *Section C-4, Physical Facilities.*

( ) 11.1.1 Examination Facilities. Adequate space and facilities are available for general physical, vision, hearing, dental and other health evaluations.

Comments:

( ) 11.1.2 Treatment Room. A room, suitably equipped and supplied is available for first aid and dispensing medications.

( ) 11.1.3 Resting Room. A quiet room furnished with cots or beds is available for temporary rest of students with minor indispositions or isolation of students with diseases pending transportation home or to a hospital.

Comments:

( ) 11.1.4 Infirmary. If the school operates a short-term care infirmary it meets all applicable local and state regulations for such a facility.

( ) 11.1.4.1 Toilet and lavatory facilities are readily accessible to patients.

( ) 11.1.4.2 Each bed is provided with a nurse call system and a member of the nursing staff is available on the premises whenever there is an inpatient.

( ) 11.1.4.3 Adequate storage and disposal systems are available for soiled or contaminated items or potentially dangerous materials.

Comments:

( ) 11.2 EQUIPMENT. Suitable equipment is made available and kept in good working order.

Comments:

( ) 11.3 SUPPLIES AND MEDICATIONS. An adequate stock of consumable supplies is kept on hand.

( ) 11.3.1 Security. Medications, drugs, syringes, etc. are stored in a secure location

( ) 11.3.2 Control. Drugs and medications are dispensed and administered in a controlled area by personnel specifically authorized to do so.

Comments:

12. PROGRAM EVALUATION

( ) 12.1 PURPOSE. The school uses various systems for evaluation of its health services to monitor the application of human and financial resources, to appraise the progress made toward program goals, to measure the extent of achievement of established program objectives, to ensure consistency with the school's statement of philosophy of service and to assess student performance.

Comments:

( ) 12.2 SCOPE OF PROGRAM EVALUATION. Evaluation of the health services is conducted systematically and includes all relevant factors affecting the program.

( ) 12.2.1 Long Range Plan. Progress toward reaching the long range goals of the health services is reviewed each year and the findings used to aid in revising and extending the long range plan for health services.

Comments:

( ) 12.2.2 Annual Plan. The achievements of the health services are measured against the specific objectives established in the annual program and financial plan and a review is made of the expenses of the program.

( ) 12.2.2.1 The findings are used to aid in developing the next annual program and financial plan.

( ) 12.2.3. Resources. Evaluation of health services encompasses the adequacy of available resources including personnel, facilities, materials and equipment.

( ) 12.2.4. Evaluation Systems. The systems used for evaluating the health services are themselves evaluated, from time to time, in terms of efficiency and effectiveness in achieving their purposes.

Comments:

( ) 12.2.5 Program Evaluation Checklist. The evaluations of the school's health services are made in relation to a number of significant factors such as (check those which are regularly included in evaluation of this program):

_____ Clarity of purpose

_____ Effectiveness of planning processes

_____ Breadth of participation in planning, service delivery and evaluation

_____ Extent of attention to modern developments in health services

_____ Adequacy of opportunities for the student and parents or guardians to become informed and to make decisions

_____ Suitability of service methods for blind, visually handicapped and multihandicapped students

_____ Sufficiency of range of available health services

_____ Adequacy of resources available for the program

_____ Findings of follow-up studies

_____ Other (specify)

Comments:

( ) 12.4 PARTICIPATION IN EVALUATION. Provisions are made for broadly-based participation in the evaluations of the health services.

( ) 12.4.1 Sources of Input. Provision is made for appropriate participation in evaluations by members of the school's governing or advisory body, school administrators, medical consultant and administrator of health services, teachers, houseparents, aides or paraprofessionals and other staff, volunteers, students, parents or guardians and other consumers, specialized consultants and personnel of local health care agencies and local and state departments of education and health.

Comments:

( ) 12.4.2 Structure. Evaluations of health services are conducted by means of established systems with assigned responsibilities including a committee headed by the administrator of health services or other designated individual.

Comments:

( ) 12.5 UTILIZATION OF FINDINGS. Evaluation findings are summarized in writing and systematically used in the school's planning, budgeting and internal and public reporting activities.

Comments:

PROGRAMMING FOR IMPROVEMENT

Programming for improvement involves a continuous cycle of planning, implementation and evaluation. Accreditation is a structured method of evaluation and planning. When meshed closely with an organization's normal program and fiscal planning and evaluations, the accreditation process enhances the organization's capacities to effect improvements.

This final part of the Guide is intended to summarize and report on the principal findings of the self-study of the program evaluated on the preceding pages.

The first question is designed to elicit a listing of those features of the program which are deemed to be most outstanding.

Questions two through six are designed for the organization to summarize its program for improvement. Starting with a review of the recent past, these questions proceed through the present and into the future. Undoubtedly, the NAC self-study of this program has generated ideas for its improvement. Questions four through six are focused particularly on taking advantage of the momentum created by the self-study by setting forth a timetable for improvement which reflects or can be incorporated into the organization's normal planning system.

This summary will help the on-site review team to understand and to report on the program's strengths, the organization's recent achievements and its plans for the future. In this way, it also will assist the Commission on Accreditation in applying the following principle: if deficiencies exist, the organization is willing to remedy them and shows evidence of commitment to make the needed improvements in a reasonable time.

The "bottom line" for any human service program is its beneficial impact on the lives of the people it serves, and question seven asks about such impact. If the organization has conducted any recent follow-up studies, data from them as well as the broadly-based input received from participants in the self-study may be helpful in preparing this statement.

1. What are the outstanding features of this program at this time?

2. *What improvements or other changes were made in the fiscal periods from five years ago through two years ago?*

3. *What improvements or other changes were made in the most recently completed fiscal year?*

4. *What improvements or other changes have been introduced in the current fiscal year? (Indicate which were made as a result of the self-study. Also, if they have not yet been completed, indicate when completion is expected.)*

5. *What improvements are included in the plan for next fiscal year?*

6. *What additional improvements are contemplated in the long range plan?*

7. What impact has this program had on the persons served?

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Date accepted by Coordinating Committee _____

Organization Name _____

SELECTED READINGS

BOOKS

Current Pediatrics: Diagnosis and Treatment. 4th Edition. Los Altos, CA: Lange Medical Publications.

Manual of Pediatrics Therapeutic. Boston, MA: Little, Brown & Co.

Physicians' Desk Reference. Oradell, NJ: Medical Economics Company, Litton Div., 1979.

Scheie and Albert. *Ophthalmology.* Philadelphia, PA: W.B. Saunders Co.

Taber's Medical Dictionary. Philadelphia, PA: F.A. Davis Co.

FILMS FOR LOAN OR PURCHASE

Expedite School Eye Safety. New York, NY: National Society to Prevent Blindness, 1966. (Portrays eye hazards in schools and recommended safety equipment for older students and adults: 12 minutes, 16mm, color, sound film.)

The Eyes Have It! Ibid, 1977. (Dramatizes the value of eye protection in school lab and shop classes for students in grades 7-12: 17 minutes, 16mm, color, sound film.)

LEGISLATION

Education for All Handicapped Children Act of 1975 (Public Law 94-142, November 29, 1975). Washington, DC: U.S. Government Printing Office, 1975.

Model School Eye Safety Law. New York, NY: National Society to Prevent Blindness. (Enacted in 36 states.)

JOURNALS

Education of the Visually Handicapped. Philadelphia, PA: Association for Education of the Visually Handicapped.

Exceptional Children. Reston, VA: Council for Exceptional Children.

Journal of Visual Impairment and Blindness (through 1976, *The New Outlook for the Blind*). New York, NY: American Foundation for the Blind.

Sight Saving Review. New York, NY: National Society to Prevent Blindness.

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